

National Institutes of Health
NIH Health Disparities Exhibit
OFF- SITE REGISTRATION FORM

All sections must be completed. Return to Dr. Shawn Drew

Email: drewL@od.nih.gov or Fax: 402-0483

*NIH Employee: _____	
Institute or Center: _____	
Building: _____	Room: _____
Phone Number: _____	Fax: _____
E-Mail Address: _____	

Name of Conference, Meeting, or Event Attending: _____	
City & State of Conference: _____	
Name of Event Location (i.e. Miami Sheridan Hotel or Miami Convention Center): _____	
Meeting Dates: _____ to _____ (day/month/year – day/month/year)	

Date Exhibit Taken out: _____ (day/month/year, allow 24 hours for travel to site)
Date of Exhibit Return: _____ (day/month/year, allow 24 hours for return travel to NIH)

** Federal Express Overnight Shipping Tracking number: _____

- * *The person responsible for the safe-handling, travel to and from the event of the NIH Health Disparities Exhibit*
- ** *The person listed on this sheet (Institute/Center/lab) is responsible for shipping cost of the exhibit to and from the meeting site*